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ABSTRACT

This document consists of synopses of selected presentations on the nurse educator's challenge in preparing the workforce for the 21st century that were made during the 1998 meeting of the Council on Collegiate Education for Nursing. In her paper "Redesigning Health Care Delivery," Karlene Kerfoot described changes in health care delivery systems and emphasized the role of nurses in redesigning health care delivery. Mary Ann Parsons spoke of how serious experimentation with curriculum begins only after a significant number of leaders have accepted the new beliefs underpinning reform. Joellen Edwards reviewed selected education and practice models. Gloria R. Smith explored the nursing educator's challenges in the new system of integrated health care. Patsy Turner reviewed some of the predicted changes in nursing and urged associate degree educators to use the predictions in preparing the future nursing workforce. Linda C. Hodges focused on current and future needs for nurses who have completed doctoral programs. Barbara R. Heller examined the following trends transforming nursing education and higher education at the end of the 20th century: (1) continuing turbulence in the health care delivery system; (2) shifting nursing student and patient demographics; (3) the explosion of instructional and clinical technology; and (4) the globalization of health care. (MN)

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Council on Collegiate Education for Nursing

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Preparing the Workforce for the 21st Century: The Nurse Educator's Challenge

At its 1998 annual meeting, the Council on Collegiate Education for Nursing challenged nurse educators to examine current practices and discover new ways to prepare the work force for the 21st century. The keynote speaker, Marilyn Chow, D.N.Sc., FAAN, set the tone for subsequent speakers with "Nursing in the Brave New World of an Integrated Health System."[1] After the keynote address, Peggy Hewlett, Ph.D., and Sue Young, Ph.D., joined Chow in a discussion of the methodologies and findings of the Colleagues in Caring Project. This document provides a synopsis of some presentations, transcribed from tapes of the meeting.

Karlene Kerfoot, Ph.D., FAAN

Kerfoot described changes in health-care delivery systems and emphasized the important role of nurses in "Redesigning Health Care Delivery." Kerfoot is a health science integrator — someone who combines all the different kinds of practices into the best way of doing things — at the Memorial Herman Health Care System, a group of community hospitals in the middle of Texas.

- Health care delivery is very dynamic.
- Partnerships are essential. The "stand-alone" hospital no longer exists. Hospitals are consolidating different kinds of practices.
- Integrated networks reduce costs while maintaining quality.
- The evolution of health care reimbursement — billing, discounted fees for service, per diem, prospective payment system, diagnostic-related groups, prepayment HMOs, and severity-adjusted capitation — caused health care providers to think about reimbursement and the management of care. The rules have changed.
- Capitation has pushed us to think about managing health. This is really the golden age of nursing because we know how to maintain health, prevent illness and keep the chronically ill out of the hospital.

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[1] Limited copies of Chow's PowerPoint presentation are available. Contact CCEN staff at (404) 875-9211.

- An integrated network may include physicians' offices, clinics, community hubs, recovery centers, nursing homes, hospices or home care. The challenge is to think "one standard of care throughout the whole system." What happens to those who work for an organization that is acquired by another? How do they change their culture and standard of practice?

- Examples of the models that are trying to merge, align or develop *one way of thinking* include integrated health-care enterprises, integrated health-care delivery systems and health services integrators.

- Hospitals are outsourcing or joint-venturing services. For example, an endoscopist may run the endoscopy center. Anesthesiologists are joint-venturing with operating rooms and CAT labs. When hospitals outsource the operating rooms, they also outsource nursing. Some innovative nurses are becoming entrepreneurial: "We can do dialysis care. You can outsource all your dialysis nursing care to us." There will be many dynamic alliances — perhaps with some for-profit nursing organizations.

- Nursing education programs must prepare graduates for different kinds of models in which the business side of delivering patient care is important. Graduates will experience the organization of health care in the next five to 10 years in terms of diabetes management, asthma management, disease management and demand management (a fancy term for "patient education").

- The "corporatization" of health care will not disappear. Health care is a business. Nurses must understand financial outcomes.

- Another model is the starburst model. Centers of interest are joined together. There is no command and control on this model; it is all teamwork. Information technology offers some opportunities to tie these structures together differently. E-mails and video conferencing can reduce the cost of getting everybody in the system together for one meeting in one place. How can we network? How do we create a seamless delivery system and strong continuity of care among three people who are caring for the same patient?

- Graduates of nursing education programs need to understand "systems thinking," in which one thinks as a system and not as an individual. Graduates need to work within the system to get patients and families through the health care system. No group can become territorial and refuse to work as a team. Do faculty members work in isolation, competing with other faculty, or do they work as an integrated network? Does the school of nursing stand alone in the hospital system?

- When one works in an integrated network, one works across different boundaries, listens to people in the system and learns to *benchmark*.

- The two bottom lines are the quality and cost. In the last decade, hospitals and health care systems competed with cost. Now, competition is based on quality. Consequently,

the challenge for the future is to be able to say: "We have three integrated networks in town. Because one does it better than the others, it will get the business."

- It is a golden age for nursing, especially for those who are prepared to move in integrated networks and to work in the area of quality: creating it, measuring it and thinking in terms of it.

- Health care systems have to share their outcomes — *report cards.* Joint commission surveys were confidential. Managed care players will not consider a system unless it shares the results of the survey. The American Nurses Association has developed *nursing report cards.* However, many of the things on the nursing report card are not necessarily nurse-sensitive outcomes. For example, urinary tract infections are not necessarily nurse-sensitive outcomes. However, nurses can say: "We can differentiate ourselves based on our nursing report card. This integrated system has better nursing outcomes than that one." Patients often make up their minds about the quality of care based on nursing services. Physicians make up their minds about the quality of the hospital based on nursing care. Our challenge is to develop those nurse-sensitive outcomes for our report cards.

- Performance-based purchasing is an essential factor. People will purchase health care based on the performance of a system. Health systems need performance measures. The challenge is to develop the best patient-care outcomes. If medication errors are 2 percent, then a system must be accountable. We need systems with a very aggressive program that looks at human and procedural causes that can change the risk factors. A hospital is a high-risk industry.

- The challenge in integrated systems is to ensure good outcomes throughout the system. How does one prioritize internally to achieve good results? In integrated networks, one strategy is to move people. A nurse (or other workers) may need to move within the system to increase knowledge and skills.

- Responsibility, accountability and a multidisciplinary focus are areas nurses need to address in the future.

- Nurses need to overcome the challenge of creating a culture of research-based practice. Nurses have to believe in performance-based practice. The profession needs people who can spearhead the performance management system.

- Integrated networks are new. Nursing needs leaders who can say: "We have not done this before. How are we going to do it?" Nursing needs leaders who can work in paradoxes. Traditional leaders learned to be very independent; the new leaders need to embrace interdependence, connecting, entrusting, empowering, collaborating, contributing and working groups. An integrated network is all group work. Today, leaders must connect and combine, rather than divide and conquer. They must build community among great diversity; they will join other leaders (even former adversaries).

- Nurses encounter many kinds of consumers. The challenging question is "How can I demonstrate my skills in a consumer-driven market?"
- A moral imperative is ensuring that health services are provided in a caring, humane way that has great integrity for providers and consumers throughout the system.

Mary Ann Parsons, Ph.D.

Parsons, dean and professor at the University of South Carolina College of Nursing, observed that *experience with reform suggests that when a certain significant number of leaders have accepted the new beliefs, serious experimentation with curriculum begins.* Factors that allowed the University of South Carolina College of Nursing to move ahead in terms of reform and nursing education included faculty and administrators who were willing to take some risks and to proceed without knowing all the answers.

- Emphasis on faculty practice was a focal point. The Colleagues in Caring project helped the USC College of Nursing to examine the systems picture instead of focusing only on South Carolina.
- The USC College of Nursing chose faculty practice as the way to enhance community-based health care, to provide direct client services, to be accountable for patient care results and to enrich its clinical learning experiences. The College of Nursing and the School of Medicine have a joint practice plan.
- A major aspect to consider when integrating education and practice under a faculty practice model is the faculty. The University of South Carolina College of Nursing has tenure and nontenure tracks for faculty. Tenure-track faculty are expected to focus on research, teaching and service.
- The college has two positions for the nontenured track: teacher/practitioner role and practitioner/teacher role. In the teacher/practitioner role a person spends more time teaching than practicing. In the practitioner/teacher role a person spends 60 percent to 90 percent of his or her time practicing. Faculty in the practitioner/teacher role have 12-month contracts.
- All faculty must be teachers to participate in the practice plan. The College of Nursing does not hire nurses as full-time practitioners.
- Faculty members integrate students into their practice plans at the University Specialty Center. Two full-time practitioner/teachers work in the center; two faculty members provide services based on their areas of expertise. The center is a clinical site for the nurse practitioner students.
- The College of Nursing at the University of South Carolina invested in technology to ensure communications among faculty and practice sites.

- The emphasis on faculty practice is beneficial to students. They have learned their skills — often in a physician's office or in a very small practice — and are focused and devoted to that practice.
- Primary Care Partners, a joint effort with the School of Medicine, is another service. It is located within the student health center. One part-time teacher/practitioner and one full-time practitioner/teacher work in this center. It is also a site for nurse practitioner students.
- The Pamedal Center, which houses about 16 children (who are the responsibility of the Department of Social Services), has negotiated with the College of Nursing to provide the care for these children. It also will be a practice site for both undergraduate and graduate students. Developing this partnership requires a lot of time and commitment. The College of Nursing will be the primary care provider for the children's center in a new, integrated system in Columbia. The focus is health promotion and disease prevention. The children's center will be located in a shopping center in downtown Columbia.
- A program initiated by the College of Nursing and the South Carolina Department of Transportation now involves Medical University and Clemson University as well. The partnership calls for the University of South Carolina to provide health assessments and immunizations for Department of Transportation employees and their families. Each nursing program has a subcontract with the Department of Transportation.
- Is a faculty member able to provide services and supervise students? Faculty members at USC College of Nursing have demonstrated that they do that very well. They look at outcomes in terms of quality and the bottom line. Parsons asks: What are we paying for these services? Can we do it? Is the academic calendar compatible with the practice hours of operation?

Joellen Edwards, Ph.D.

Edwards, dean of the School of Nursing at East Tennessee State University, provided another perspective of education and practice models. East Tennessee State University is in the mountainous terrain of northeast Tennessee. Nearly 1 million people live in an urban area with a 50-mile radius in the valley; all around this area is the southern Appalachian culture. Seven of the eight counties in the upper east Tennessee region have too few health professionals. Since 1991, East Tennessee State University has focused on interdisciplinary health sciences, coursework, clinical experiences and faculty practice. The 53 faculty members of the School of Nursing put the school's mission of facilitating the health of the community into practice. Practicing nursing in the community is a very important part of what the faculty member does to provide clinical experiences in integrated health-delivery systems.

- Since 1990, nurse educators at East Tennessee State University have had several outlets for faculty practice: the homeless clinic (now a homeless and medically indigent clinic); the certified rural-health clinic, initiated in 1990; three school-based clinics, one of which is in a very rural, isolated area and two in Washington County; and faculty practice arrangements with health care agencies around the region.

- Edwards noted the tremendous influence of health policy (ranging from local laws/rules through federal laws/rules) on the funding that is available to health providers in the public sector. The philanthropic foundations — the W.K. Kellogg Foundation, the Pew Charitable Trusts and the Robert Wood Johnson Foundation — have influenced policy and financial resources as well as nursing education and practice.

- In the late 1980s Johnson County was an area in need of health professionals. The rural hospital and the major industries in the area had closed and unemployment was 32 percent. Mortality rates were very high.

  Environmental Health Services, the Public Health Department and a corporation called Rural Health Services delivered care to the 14,000 people in the county. In 1990, some very astute people in Johnson County decided to rebuild the economy and health care system. With support from state legislators and the governor, they approached East Tennessee State University's vice president for health affairs with a plan: *We want medicine and nursing to come to Johnson County.* Although the health professions program was a community-based Health Sciences Division, experiences were concentrated in the urban area. The community wanted the institution to provide a traditional primary-care practice five days a week and an after-hours practice for evenings and weekends. The university's physician became a preceptor for the nurse practitioner. Because the community lacked health care services, the patients came to the clinic.

- The university was one of the seven to obtain a grant from the W.K. Kellogg Foundation. The grant brought together medicine, nursing and public health in a way that made each discipline review its curriculum before taking its students to this very rural area.

- The influence of the students and negotiations to get those students into agencies helped to build important linkages in this rural area. Nursing students and faculty are creating an integrated system in Johnson County.

- Nursing has a leadership role in building the Johnson County Health Care Center. The new center, funded by the Johnson City Medical Center, will have university physicians who are specialists, some mental health services, X-ray, lab, physical therapy, a 24-hour emergency room, family medicine, home health, School of Nursing faculty and students, and a service that coordinates all activities. All of these providers will maintain their identities and receive appropriate reimbursement.

- The School of Nursing has learned that it takes a community *to raise a health professional.* The curriculum allowed students to have direct contact with the community, and they are accountable to the community for their actions. The students are very visible and do a good job. Edwards said it is amazing to see the community's influence on the curriculum — what a nurse, physician or public health worker needs to know.
- Sixty-seven percent of East Tennessee State University nurse practitioner graduates work in a rural health-profession shortage area, including Alaska.
- The medical center, college of nursing, college of medicine and several agencies coordinate services. The students, working at all hours of the day on the interdisciplinary teams, have made a difference in the community. For example, deaths from heart disease have declined.
- The university has reaffirmed and strengthened its commitment to an interdisciplinary primary-care mission for the Division of Health Sciences.
- Medicine and nursing have formed new partnerships.
- Sixty-five percent of the nursing faculty are in active practice. A majority are nurse practitioners or certified in some specialty at a national level.
- Edwards emphasized the importance of community connections. Health professions educators cannot walk into a community and say, "Here we are!" They have to build bridges ahead of time.

Gloria R. Smith, Ph.D., FAAN

Smith, vice president, W.K. Kellogg Foundation, explored the educator's challenges in the new system of integrated health care. Her questions and comments highlighted areas of concern and opportunities for nursing in the emerging systems of health care.

- **What are the implications of transformation for the curriculum, instructional methods, faculty qualifications, staffing patterns and the operation of the schools of nursing?** Virtual integration, which is achieved mostly through alliances and relationships, offers the best opportunity for nursing education.
- **Is nursing education preparing the kind of researchers needed for the future?** Nursing, Smith pointed out, is doing well in clinical research. However, it is not preparing enough people to do health services research and health policy. One of the problems encountered at the Kellogg Foundation is the identification of evaluators and "policy people" to help shape initiatives. The foundation has difficulty identifying nurses, especially minority nurses, who have the research capabilities and the experience to respond to the kind of calls that the foundation issues. Research courses are not enough. Smith advocated expo-

sure to networks, think tanks for policy issues, and institutes where researchers can have the kind of experience and develop research networks that are essential in having a voice in policy-making.

- **What would be the results of informing the public of the cost of nursing education programs? What case can nursing make for the vast differences in the costs of programs that prepare nurses to begin practice?** The need to control costs led to the transformation of health care systems in the United States. Uncontrolled costs also will result in the transformation of higher education. Young, middle-income families are doubting their ability to finance their children's college education. Nursing education is both costly and poorly understood within academic institutions and by the public. The public may understand that private education is more costly or that certain flagship institutions will have higher costs. However, the public will question the funding for state-supported institutions. Faculties in the arts and sciences are challenging the distribution of resources that appear to subsidize professional programs with smaller student-faculty ratios. When pressured about cost containment and higher education, university administrators and state government officials are likely to "squeeze" nursing education.

- **What are the characteristics of nursing students and how do they affect the design of programs?** Higher education is changing so that a student may be able to study anything from anywhere at any time and will not have to attend a single location or institution.

- **Are faculty members capable of incorporating these options into the curriculum?** For more than 25 years, nurse educators have had experience with distance education in nursing, certification, customized and alternative programs, and computer-assisted learning. In most cases they have treated these innovations as adjuncts or tangents. Such will require "thinking out of the box" and focusing on results rather than processes.

- **How must a system be organized to give the consumer a user-friendly experience?** Smith reminded the audience of the guiding principles for health reform in the National League for Nursing's 1993 vision for nursing education: *serving the health needs of people and making the consumer an informed participant in decisions affecting care.* These principles can create a powerful structure.

- **What can nurses do to increase the knowledge of consumers?** Globally and locally, traditional strategies are inappropriate and certainly ineffective for many vulnerable communities. Cost-effective approaches to health care delivery must be used to deal with the most common health problems. Meeting the needs of underserved communities requires respect and collaboration between individuals and health professionals. We need to improve our relationship with communities so that we have better-informed consumers. Collaboration allows those who provide health care to view problems through the eyes of community members.

- **How do we alter our education and practice to reflect our knowledge about people of diverse cultures, ethnic groups, races and national origins?** There is a growing diversity

in nursing not only in the United States but also globally. We need to think about what we are learning that can help within the global context. Many nurses want to "save" people in other nations. We need to take advantage of the opportunity to learn from our students about what is going on in other parts of the world. Diverse individuals have been beneficial to decision-making in business and other democratic institutions. Diversity brings possibilities and multiple gifts to groups working in partnership. When people from all over the world talk about their nursing experiences, we learn what happens when systems of care develop in which human needs are not attended. Smith said that nurses with global, institutional and community-based perspectives can help America build health systems that meet the needs of all people.

To deliver comprehensive, cost-effective services, providers need to reorganize around the health needs of people. Training and practice in multidisciplinary teams will support cost-effectiveness. Educators, Smith believes, need to consider the implications of multidisciplinary education for health professions and the community. Partnerships are critical not just among nursing schools but also among schools within an institution — among professions as well as among communities. The goal for health care at the Kellogg Foundation *is to improve the health of people in communities through increased access to integrated, comprehensive health-care systems that are organized around public health, prevention and primary health care and that are guided, managed and staffed by a broad range of appropriately prepared personnel.* This kind of goal could not have happened unless there had been an opportunity for people to work together across disciplines. In an effort to achieve these goals, the Kellogg Foundation supports community and institutional partnerships designed to improve services, especially for vulnerable populations, and to give the community a voice in necessary changes. Projects in Latin America, the Caribbean and South Africa are validating our notions about partnerships.

Nurses have learned that community participation, collaborative decision-making and equity are essential elements in the partnership model. Communities do not want to tell nurse educators how to run programs. However, they can give a community perspective on what nurses do. Nurses should think seriously about how to incorporate these perspectives in education and practice. Even the most disadvantaged communities have tremendous resources and are eager to help solve their problems. Their human resources are rich and their physical resources may have untapped potential.

Patsy Turner, M.S.N.

Turner, chair (Department of Associate Degree Nursing, Kentucky State University), reviewed some of the changes predicted by an analyst with a research group at the Institute for the Future in California, commissioned by the Robert Wood Johnson Foundation. She urged associate degree educators to use the predictions in preparing the nursing work force

of the future. Among the predictions that will affect nursing were increased life expectancy, technological advances, the change from inpatient to outpatient nursing services, managed care, diversity in the student population, and increased violence in the family and community.

- More than two-thirds of the population will be in managed care before 2010.
- For years, the associate-degree nursing programs have provided clinical experience for their nursing students in long-term-care facilities. These experiences and nursing homes were provided primarily to teach and enhance the associate-degree nursing students' skills. Associate-degree nursing faculty members may not consider that the nursing homes could provide many other learning experiences for the students. Although many people have negative thoughts about nursing homes, they offer a far different environment today than they did in the past.
- A more recent development is the assisted living facility for the elderly, which provides care for those needing help with up to three activities of daily living. Usually these facilities provide cleaning, meal preparation, shopping and laundry. Residents manage their own medication and health needs. Nurses supervise residents' capacity to manage their care.
- In the last 10 years, nurse educators have traded their typewriters for computers and have learned to use the complex technology necessary to care for clients in today's health care system. One of associate-degree nurse educators' biggest challenges is to combine caring and sensitivity with these complex technological skills. Turner urged educators to ensure that nursing graduates possess not only the technological skills but also the humanistic skills that we always have taught in associate-degree nursing programs.
- In the last year, violent crimes have increased at an astonishing rate in the United States. In some states, legislators have passed laws that require health care providers to take continued education hours in domestic violence. Some states are implementing programs to train registered nurses in the forensic examination of sexual assault victims. These nurses will conduct the examination, collect and preserve evidence, and testify in legal proceedings.
- According to an article in the September 1997 *Nursing and HealthCare Prospectus*[1], nurse educators have agreed that all nursing students must be taught signs of abuse and violence-assessment techniques. They also agreed that nursing students must learn to identify community resources, resolve conflicts without violence and help prevent violence. Many educators recognize that nursing students must be able to deal with violence for their own health as well as that of others.

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[1] The article, "Nurse Educators Speak Out: Violence in the Nursing Curriculum," reports on the findings of a discussion and survey of nurse educators at the 1995 National League for Nursing national convention.

- Nurse educators are concerned about whether their own training prepared them to provide students with the knowledge and skills to function effectively in violence prevention and care. This increase in violence has major implications for nursing curriculum, educators, students and care. Educators need to assess how to expand violence-related content or add it to the associate-degree nursing program.

- The Pew Health Professions Commission predicted that the number of hospital jobs for registered nurses nationwide will be cut in half. Many of us have seen these predictions coming true in our cities, states and communities. Managed care has hastened the shift in employment of registered nurses from hospital settings to other settings.

- Associate-degree nursing educators are concerned about the desirability of nursing as a career. During the nursing shortage, some associate-degree nursing programs received financial support from health care providers to increase enrollment. Other programs received additional funding from local governments to expand the size of entering classes. These efforts resulted in larger graduating classes. Many programs no longer can accommodate the large number of nursing applicants. Some predict a decrease in applications because there are more nurses than the market can use.

- Associate-degree nurse educators need to study the job market trends, the demographics of nursing and educational policies more carefully to recommend appropriate changes in the curriculum and recruitment policies.

- The findings of a recent Council on Collegiate Education for Nursing survey provided a clear profile of associate degree programs in the region. Faculty members in most associate-degree programs have revised curricula to address the shift in patient care services to outpatient care.

- Most programs already provide more community-based experiences and a more community-focused curriculum. These curriculum changes indicate that the associate-degree nursing educators are responsive to the needs of the community. The programs now are responsible for clarifying and emphasizing these changes to the public and our colleagues.

- The CCEN profile shows faculty retirements within the next three years (130 educators collectively) and an anticipated decrease in faculty positions. As the student population becomes more racially diverse, directors of associate-degree nursing programs should seek to reflect this diversity in the faculty.

- Turner reiterated the CCEN task force recommendation for a teleconference for associate-degree nursing faculty to explore challenges and opportunities to prepare students for practice in new settings. She concluded that working together in partnerships — sharing experiences, failures and successes — will help nurse educators meet the challenge of preparing the associate-degree nursing graduate for the 21st century.

Linda C. Hodges, Ed.D.

Hodges, professor and dean (University of Arkansas for Medical Sciences College of Nursing), focused on four major questions in her discussion about graduate education: Where are we and how much of our nursing work force is doctorally prepared? What do the projections say about our need? What barriers may prevent us from meeting needs for doctorally prepared nurses in the future? What can the SREB Council do to help us overcome the barriers and ensure that we have enough doctorally prepared nurses, especially when the baby boomers begin to retire?

- What is our current work force? What is the current supply and demand? A recent survey revealed 2.6 million registered nurses in the United States. Of those, 18,000 are doctorally prepared; only 14,300 of those with doctorates are employed. Less than 1 percent of the nurses active in the work force are doctorally prepared. Where are these nurses working? How many are teaching in colleges and universities? The American Association of Colleges of Nursing report on 1994-95 data revealed that 378 doctorally prepared nurses were teaching in baccalaureate and higher degree programs.
- Most nurses with doctoral degrees will retire within the next 10 years. This trend will have a big impact on nursing. What is the demand in the job market? What is the quality of the graduate coming out of doctoral programs of nursing? At what rate will the current faculty members at schools of nursing retire?
- In 1990, the seventh report to the president and Congress on the status of the health professions indicated about 28,000 new doctorally prepared nurses would be needed by 2000. The demand for increased numbers of doctorally prepared nurses is evident in the job market. Since 1994, the number of master's programs increased 61 percent — from 206 to 339. This increase was caused partly by the emphasis on nurse practitioners and primary care. Everyone wanted to start a master's program to prepare nurse practitioners. Consequently, everybody was searching for doctorally prepared nurse practitioners to teach in these master's programs. That incredible demand continues today. Deans have tried to find or train doctorally prepared nurses.
- Hodges noted a 36 percent increase in the number of doctoral programs — from 50 programs in 1990 to 68 in 1996.
- Since 1990, a total of 2,885 students have completed doctoral nursing programs. The productivity of doctoral programs is a major concern. Despite the increased number of doctoral programs, the number of graduates has not changed much in the last decade.
- Despite some successes, the quality of the graduates who complete doctoral programs warrants attention. Graduates lacked either teaching or clinical skills or did not know the content area. They could not function in the clinical setting or produce scholarly work.

- Faculty members complain about the "I am privileged" attitude among many new doctoral graduates, seem to have unrealistic expectations of what they will do in the faculty role. For example, some do not want to teach at the baccalaureate level and will teach only at the master's level. These attitudes are in direct conflict with what many administrators value: a sense of community, teamwork and commitment to organizational goals.
- The low number of graduates, the quality of graduates and the large number of doctorally prepared faculty planning to retire soon are critical issues.
- On the demand side, we need more doctorally prepared people in education at all levels: associate, baccalaureate and graduate. The Division of Nursing of the U.S. Department of Health and Human Services has projected that by 2010 two-thirds of the work force will need to have baccalaureate degrees. The Pew Health Professions Commission and the Institute of Medicine are calling for more advanced-practice nurses to be primary care providers and acute care practitioners.
- Hodges said the applicant pool, funding, faculty salaries and faculty's resistance to technology will serve as barriers to the supply of doctorally prepared graduates.
  - **Applicant pool.** Although nursing programs are producing more graduates with master's degrees, educators have shifted the emphasis of the programs to nurse practitioners and midwives. They have cut back or eliminated the research requirement. Educators reduced the number of research courses because they believe the researchers are being prepared at the doctoral level. They have eliminated the education courses at the master's level. The result is an intense, clinical master's curriculum. Under the old curriculum for clinical nurse specialists, educators emphasized the research role and the educator role. They helped students prepare to pursue a doctoral degree.
  - **Funding.** Where will we find the resources to fund doctoral education? The cost of launching a doctoral program is tremendous.
  - **Salaries.** Nationally, the average annual salary for professors is about $60,000. The lowest salary for doctorally prepared individuals in the academy is $40,000 for instructors. In the South, the average annual salary for professors is $58,000. Nurse practitioners with master's degrees are leaving the academy to earn $55,000 to $70,000. How can the academy compete and recruit them into the doctoral program with this discrepancy in salaries?
  - **Technology.** The idea that socialization has to occur face to face is rampant in doctoral education. Educators prefer to work with fewer students and with students who are immersed full time in the curriculum. Students will force us to embrace educational technology at the doctoral level. Hodges says programs that are unwilling to do so may become extinct by the 21st century.
  - **Curriculum.** Hodges says programs should measure the quality of graduates by looking at how they perform after graduation, not by focusing on quality indicators for

doctoral programs, such as the number of faculty and the amount of research money. What can graduates do? Are they capable of fulfilling the multiple roles of a faculty member? Does their attitude reflect their commitment to the college or university and the goals of the nursing education program? What is their work ethic? With the demand for well-prepared graduates escalating, we cannot afford one dysfunctional product.

- **Retirement.** Can doctoral programs keep experienced faculty members who will retire involved — teacher supervision, curriculum projects, grant writing?

- Hodges identified four areas for the Council on Collegiate Education for Nursing to consider in its effort to ensure that the region is capable of preparing the nursing work force.
  - Develop a subset for nursing courses on the *Southern Regional Electronic Campus*, a marketplace of courses from the South's leading colleges and universities that are offered over the Internet.
  - Conduct workshops on educational technology to prepare a core group of faculty.
  - Study doctoral curriculum — numbers and productivity and what needs to be done to prepare graduates for the work force.
  - Seek external funding to support research in health settings.

Barbara R. Heller, Ed.D., FAAN

Heller, professor and dean (University of Maryland School of Nursing), spoke about how the new millennium has emerged as a metaphor for the future and what nurse educators should make of that future. So many groups set their goals with reference to the year 2000 — goals for ending hunger, achieving a drug-free society, achieving a healthy population and a healthy nation. The millennium acts as a deadline for people to confront and resolve problems. As Ralph Waldo Emerson said, "This time, like all other times, is a very good one if we but know what to do with it."

Heller believes that we do know what to do with it. She spoke about four trends that are transforming nursing and higher education as the end of the 20th century nears. These include the continuing turbulence in the health-care delivery system, the shifting demographics of our students and patients, the explosion of instructional and clinical technology, and the globalization of health care.

- **The turbulent health-care environment.** We can expect a dramatic alteration in who delivers care to whom, when and where. Throughout the United States, the push toward managed care is causing an upheaval in our delivery systems. The increasing number of

aged patients is at odds with the drive away from hospital-based services toward community-based services. We face epidemics, substance abuse, domestic violence, infant mortality and other symptoms of larger societal ills.

- **Shifting demographics.** The typical baccalaureate nursing student is very similar to the associate's degree student — no longer necessarily a young woman fresh out of high school. Most are still women, but men increasingly are recognizing the rewards of a career in nursing. At the University of Maryland this year, 12 percent of the students are men, and the average age of the students is 34. Nearly 66 percent attend part time and more than 50 percent have academic degrees — either bachelor's or master's — in other fields or have work experience prior to entering the program. As our nation has become more racially and ethnically diverse, so have our patients. Cultural differences and attitudes, diverse practices of health care and languages abound. Yet people from racial or ethnic minorities still constitute less than 10 percent of the nation's registered nurses in the work force.

- **Explosion of clinical and instructional technology.** Graduates of collegiate nursing programs will use telecommunications in the delivery of health care and instruction. They also will encounter paperless medical records and information systems, as well as many other high-tech tools. As educators, we have access to astounding telecommunications capacity, the World Wide Web and laboratories that simulate the real world using computer-assisted instruction more extensively than ever.

- **The globalization of health care.** Great oceans and mountain ranges no longer serve as barriers between nations. An outbreak on one continent can be on another within 24 hours. The United States has both the strategic interest and the humanitarian obligation to share our health care expertise with our neighbors. Some underserved areas in our country suffer from poverty, social problems and health issues that resemble those in Third World nations, so the work of health professionals in those nations often proves useful to ours. We are increasingly aware that parochialism and nationalism are no match for emerging infections.

These challenges, recognized in 1990, continue as nursing enters the new millennium. Henry Kaiser said, "Challenges are only opportunities in work clothes." Heller shared some of the activities that the University of Maryland is undertaking to address the challenges. Initiatives were developed based on four primary areas: curriculum and instruction, research, clinical partnerships and diversity. The strategic plan is their blueprint for progress and has been enormously important in keeping them focused. Taking a cue from the business world, they built courses of study in partnership with the industry and with the community they serve. They redesigned the undergraduate and graduate curricula to emphasize health promotion, disease prevention and management, acute care, and community/population-based clinical study and experience. These studies are wrapped around a core of financial, business, policy and informatics content. They created clinical emphasis areas at the undergraduate level that enable students to develop some depth of knowledge and compe-

tency in a chosen area, such as oncology, geriatrics, psychiatry, or child, women and community health. Their success in these areas is linked in part to the changing nature of the students. Most students have background knowledge and experience upon which the program can build.

At the master's level, Maryland continues to emphasize specialization for students for advanced clinical practice as well as for indirect care roles in administration, managed care, health policy and informatics. Among these opportunities is a joint program that offers a master's in science and business administration. This program offers more than 20 graduate specialty tracks, including new nurse-practitioner programs. Responding to market demand, faculty members are developing new, innovative graduate programs in home care and in environmental, occupational and correctional health (prisoners are living longer and becoming more frail). Heller recognized the need to concentrate attention on occupational and environmental issues. At the doctoral level, faculty members have begun requiring students to keep a portfolio.

- Streamlining the curriculum provides a seamless transition within and across programs. The University of Maryland School of Nursing has developed more accelerated options. A goal is to facilitate more interactive learning across program levels and across health science disciplines. For example, nursing students and faculty are encouraged to work with students and faculty in medicine, dentistry, pharmacy, social work and law. This is labor-intensive.

- The School of Nursing is targeting its research agenda to high-priority topics of Maryland and the nation. These topics include the prevention of AIDS and substance abuse, reduction of infant mortality and domestic violence, early detection and management of cancer, reduction of cardiovascular risk factors, management of chronic childhood and geriatric conditions, and a range of health policy and services issues. The School of Nursing also emphasizes the development of research focus on practice, assessment, results and epidemiological approaches. Undergraduate and graduate students participate in service learning, a structured learning experience that combines community service with preparation and reflection.[1] They also work as partners with faculty who are engaged in practice.

- Faculty and students staff the Governor's Wellmobile. They deliver quality care and health education directly to underserved urban and rural populations across Maryland. Pediatric nurse-practitioner faculty and students provide primary care, health promotion, disease prevention and health education services to children and adolescents at eight school-based wellness centers in Baltimore and at other locations around the state.

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[1] The focus here is on the community — buying into a community, becoming a part of that community and integrating the community into the school's service-delivery network.

The newest endeavor is a partnership with the hospital ship The Sanctuary*. A foundation has dedicated it to rehabilitation work. The School of Nursing is developing the wellness component and the after-care — health maintenance and management — program that will accompany the foundation's rehabilitation efforts.

- Faculty are high users of state-of-the-art, interactive instructional technology and have integrated computer simulations and computer-assisted instruction into the curriculum. The faculty employ flexible — and often individualized — instructional methods. Using interactive distance learning and on-site instruction has enabled the programs to reach out across Maryland to provide educational programs for students in the communities where they live and work. The School of Nursing has increased the flexibility of its class schedules, added more evening and Saturday classes, and introduced Maryland's first weekend graduate program in nursing.
- With a diverse student body of nearly 1,600, it has become clear that faculty must find effective ways to recruit and retain students from underrepresented groups. Faculty must design effective curriculum models to increase cultural sensitivity and competence. Thanks to the school's incorporation of a diversity initiative into its strategic business plan, minority enrollment reached 26 percent by 1997. Heller noted that nursing educators must discover ways to include minority groups, cultures and ideas in nursing. Schools of nursing must create an educational community with a world view of interconnectivity; their professional practice environments must reflect the diverse values and perspectives of the many constituencies we serve.

At the dawn of the 21st century, nurse educators face a rapidly changing health-care landscape, shifting student and patient demographics, an explosion of technology, and globalization of health care — in addition to a myriad of everyday challenges. Heller concluded with more words from Ralph Waldo Emerson: "Every great and commanding moment in the annals of the world is the triumph of some enthusiasm." She said: "We are engaged in a noble and satisfying enterprise: educating the next generation of nurses. We must embrace the new millennium with vision, courage and, most of all, with enthusiasm."

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* This is a hospital ship that served in Vietnam. Upon its retirement, it was dedicated as a rehabilitation center/haven for drug-addicted women.